

BOX #

FREMONT POLICE DEPARTMENT

ALARM REGISTRATION

Name:

Address :

Telephone:

PROPERTY DESCRIPTION

Alarm Type:

Burglary:

Fire:

Panic:

Medical Alert: X

Does the alarm have an audible warning device:

Reset Time:

Is the alarm monitored by an alarm company or other receiving station?

Company Name

Address

Telephone #

EMERGENCY NOTIFICATION

OWNER #1:

WORK TEL #:

SS#:

Date of Birth:

OWNER #2:

WORK TEL #:

SS#:

Date of Birth:

KEY HOLDERS

Name:

Address:

Telephone # Day:

Night:

Name:

Address:

Telephone # Day:

Night: